

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

TYPE, OR PRINT IN
PERMANENT INK

D-2 LOCAL FILE NUMBER 75-7

CERTIFICATE OF DEATH

STATE FILE NUMBER 7599

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. William Paul Patrick					2. male	3. March 24, 1975	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. white		5a. 76		5b. MOS. DAYS	5c. HOURS MIN.	6. Nov. 27, 1898	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. rural- Elaine		7c. no		7d. 4016 Holtzheimer Trail, RFD#2 Blaine, Wash. 98			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Austria		9. USA		10. widowed		11. Adelia Weseman, dec 1965	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 574-05-1910 A		13a. Farmer & laborer		13b. Whatcom Co Road Dist. #3 41			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Wash.		14b. Whatcom	14c. Blaine		14d. no		14e. 4016 Holtzheimer Trail
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Steven Joseph Patrick					16. Mary		unknown
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Carl S. Patrick (son)				17b. 3526 Birch Bay Lynden Rd. Custer, Wash. 98240.			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) Cardiac Arrhythmia							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Arteriosclerotic Heart Disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
AUTOPSY (YES OR NO) 19a. NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING DATE OF DEATH 19b.							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c. M.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		TO		21b.		21c.	
21d.		21e.		21f.		21g.	
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON DATE, AND, TO THE BEST OF MY KNOWLEDGE, M. TO THE CAUSE(S)	
22a.		22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Robert L Rood M.D.		23b. [Signature]		23c. [Title]		23d. 3-27-75	
MAILING ADDRESS, CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23d. Bellingham Med. Center		23e. Bellingham		23f. Wash.		23g. 98225	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. cremation		24b. Skagit Memorial Park		24c. P.O. Box 398, Mt. Vernon, Wash. 982		24d.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. March 28, 1975		25a. Veroske's Bellingham Chapel, P.O. Box 1132, Bellingham, Wash. 98					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. [Signature]		25c. [Signature]		25d. Mar. 28, 1975			